EXHIBIT 7

Ascension

Marney Daugherty <[redacted]>

Fwd: Summary

1 message

Barbara Pawlaczyk <[redacted]> Fri, Dec 4, 2020 at 7:55 AM
To: Marney Daugherty <[redacted]>

FYI - this is an email from one of our chief residents who was present in the hospital and in the residents' call room on Nov 11.

Thank you,
BP
Barbara Pawlaczyk, MD, FACP
Program Director
Internal Medicine Residency Program
Ascension Genesys Hospital
810-606-5000

---------- Forwarded message ---------
From: **Brett Haschig** <[redacted]>
Date: Thu, Nov 19, 2020 at 10:23 AM
Subject: Summary
To: Barbara Pawlaczyk <[redacted]>

Hi Dr. Pawlaczyk,

Here is a summary of everything that I experienced and had relayed to me regarding Ahmed.

Natalia and I were approached by Kanksha about some concerning behavior by Ahmed. They had been watching the Congdon lecture series in their intern call room. She remarked that he had had some odd behavior the past couple weeks but didn't think anything of it. But on this day, he was standing in the corner of the call room staring at everyone else that was in there. When asked if he wanted to sit down, he said no. They realized he didn't eat at all so offered him a cookie which he also refused. He became fixated on the locker near Kanksha's and ended up calling security because he thought there was a bomb in it. Kanksha explained that there's probably no bomb in the locker, and went to open it to show him that there is nothing in there. He started inching closer as she approached the locker. She asked him if there was something that he knows about what is in the locker. He apparently said "I'll tell you when the time is right". Talking to her later she said that he said "I guess we'll find out". There was nothing in the locker when she opened it. Natalia asked Ahmed to come talk to her in one of the sleep rooms of the call room while I called Dr. Pawlaczyk and explain the situation. After Natalia talked with him she found out that he thought Beca put something in his pocket. We were concerned about his safety so asked him to sit in the IM call room. He initially sat at the table, but when more people came in he moved over to the couch farthest away from people. He got up a couple times to go talk on the phone in the sleep room to Dr. Kirkpatrick and Dr. Pawlaczyk. When Beca came in to work on her notes he became visibly anxious and suspicious. He would stare at her while she was working on the computer by the printer if she made any noise or movement. If she was dictating he would stare straight but his eyes would dart back and forth trying to watch her out of the corner of his eye. He became visibly more anxious with her being there and seemed to start recording her on his phone. Dr. Kirkpatrick called back again to the sleep room and Natalia let him know but he said he did not want to walk past people so would just call her on his cell phone from the couch. I told Beca it would probably be best if she worked on her notes in the intern call room since he seems fixated on her. After she left the call room he continued to watch all of us and held up his phone, which seemed like he was recording us. After some time passed, he asked if he needed to stay until 6, which I said he did. He then said he was going to go get some food and left the call room. Kanksha and Natalia went to look for him just to make sure he didn't leave and eventually he was found in his car. Natalia continued to talk to him and Dr. Pawlaczyk came in as well and they were eventually able to convince him to go to the ER to seek help.

Brett

From: **Barbara Pawlaczyk** <[redacted]>
Date: Sat, Nov 21, 2020 at 5:54 PM
Subject: Re: your feedback
To: Andrew Dolehanty <[redacted]>

Thank you Andrew

Barbara Pawlaczyk, MD, FACP
Program Director
Internal Medicine Residency Program
Ascension Genesys Hospital
810-606-5000

On Thu, Nov 19, 2020 at 2:33 PM Andrew Dolehanty <[redacted]> wrote:

Good afternoon Dr. Pawlacyzk,

Below I will try and recall my experiences for the 2 weeks I was on IM Staff with Ahmed. As you requested it in email, it is quite lengthy, so I apologize, but this situation was very complicated.

On the positive side, I felt there were small improvements from when I worked with him prior. His notes seemed to have improved somewhat, and I noticed less copying and more information from his own understanding or at least from a discussion we had about the cases/patients. Over the first week, I felt he was engaging me more slowly, though this was inconsistent. We spent a lot of time going over his notes and patients, and in teaching as well. He even messaged me the first week and thanked me for being patient with him.

However, overall, I did see some glaring issues arising through the weeks, culminating in the ED incident. Others who worked with him became frustrated by what was perceived as lack of motivation, which I felt as well. I was much more patient with him than others, and it seems he does have fairly decent medical knowledge. However, he did have instances where we would ask him to do something, and he would acknowledge the request, then proceed to sit aimlessly/staring at nothing in particular, for a fair amount of time until we felt we had to ask what he was doing. We ended up finding it more beneficial to give him hard deadlines to complete tasks (ex: such as prepping discharges and getting lunch, to be back in 1.5 hr at most). This helped somewhat, but again, he did lack some independent working skills. I also noticed if we did not give him deadlines, he would be gone for an extended amount of time for lunch or something else, and come back with not enough work done commensurate to the time he was gone.

Lastly, on the Tuesday of our last week, he had a tough day, not only from the ED event, but events leading up to this. After the events of the day, I did let Dr. Sandy know in detail over the phone as he is my mentor and I was not sure exactly what the events meant in the grand scheme of things, however, in hindsight it was clearly a herald for a much deeper issue. The morning was fairly typical actually. He was involved on rounds with Dr. Minasian more so than usual if I remember right, and answered questions well. He saw his typical 4 patients and had a grasp on them for presentations, which we had been working on as well. However, later that day we were working together on a discharge med rec for insulin, which is complex for sure (determining how many units, calculating how many pens/supplies patient would need) and he was not understanding or even attempting to focus. He was very distracted in the callroom, at one point when I was midsentence talking to him he turned around to ask Brandon W after he sniffled his nose if he felt ok and if he was sick. Very strange and confusing. We had two patients to do this for, so we

then went to the intern callroom and were alone, and there was still a lack of understanding, and unwillingness to learn or try to engage to learn (unable to teachback, articulate what part was confusing).

Later that day, we had a new admission that actually we ended up giving away to Sound. The prospective patient was the husband of one of our COVID patients, and initially we asked to accept them for convenience sake, but this was changed to Sound maybe 15-30min later. Ahmed was asked to see the patient initially. We asked if he had PPE, he said no. He denied having an N95. He said he had a P100 at home, but not in the hospital. We explained to go to MICU manager to obtain one, and stated explicitly to not see the patient if he did not obtain proper PPE, and he left the callroom. 15min later I went down to check on the patient. I met Natalia who was seeing a different admit, and she explained we were no longer seeing this patient. She messaged Ahmed several times, and I messaged him as well to tell him this prior to him seeing the patient. He did not respond. 30minutes later, he came back to the callroom and I asked if he saw the patient. He said yes. I asked what PPE he wore. He pointed to his KN95. I became stern at this point saying he cannot enter COVID patient rooms without proper PPE. He seemed to lack awareness as to what that meant. I asked him to dial 66135 and ask for the manager to get a N95 mask. He did in front of me and I heard them ask him to come down. He then left the callroom and turned the opposite way of MICU. He returned after 10min and stated he could not get one. Courtney then volunteered to walk him down to the MICU directly to help him get one. I was away for a while, but when I returned, I asked him if he got a N95 to which he replied yes. I asked him where it was and he said he didn't know. Frustrating from my point of view to see what I felt was a lack of awareness, however, I was still patient with him and tried my best to explain why we were so concerned, not only for his safety but our own.

Around 3:30-4, we received a new admission. The patient was going to be a Psych case, with history of trying to light fires at his home and history of verbal/sexual language toward staff at his home. He came in postictal from a seizure due to medication noncompliance. He had never been here before. I knew this was going to be challenging and definitely more inflammatory/tougher than our usual cases from a social standpoint, but we get these patients on IM Staff. Ahmed and I and the med student (Chris) discussed the case on the way down. I explained this may be tough, but these are patients that we see from time to time on our staff service. I explained that we may not get much info out of the patient, but we needed to focus on what we could get. I also asked him to take the lead on the encounter, but I would be right next to him to help guide him. This was not abnormal, as a previous admission we had just a few days prior, he led the encounter and I stood in the back and clarified questions as needed, and it went fairly well. When we got down to the ED, it was very hectic. The patient was in a curtained room on the Cside, and 3 rooms down there was a commotion over an intubated patient, but this was being handled by ED residents/students. Prior to entering the room, Ahmed asked if we should call Security. I replied that shouldn't be necessary as there are 3 of us, I could see a visitor in the room, it was a curtained room, and patient was reported postictal. Just before we reached the room, Ahmed jarringly called attention to the commotion a few doors down and stated we should go investigate and help. I became stern at this point and said that was being handled, it is not our patient, and we need to focus on our patient. He then began pointing at nearby nurses/techs/ER staff and telling me that they were not wearing nametags and everyone in a hospital should be wearing nametags and they were all witnesses to something bad happening for him. At this point, I directly asked him "Is something wrong". He replied "I don't feel comfortable right now". I then calmly told him that is all he had to say, and I asked him to go wait upstairs in the callroom and I would take over for the patient. At that point, he left.

I then went to interview the patient, which was mainly talking to the staff member from his home at bedside, the patient was sleeping soundly. 15min in to the interview, Ahmed returned to the room without incident. He listened to me finish up, and followed the student and I back to the callroom. I quietly mentioned to him as we sat down that all he has to do is speak up and tell me he wasn't comfortable and we could work it out. He then accused me of putting him in a dangerous situation on purpose, and that he knew my intentions were malicious. I stopped immediately and asked him to talk in private. We went to a private signout room and discussed the event. Ahmed said he thought I was putting him in a dangerous position on purpose, and my intentions were malicious, and that he kept saying "it's fine" but that he lost trust in me. I clarified that I would never do something like that and there was clearly a miscommunication. We talked for maybe 15min about trying to clarify what had happened from his perspective. In my opinion, he was exhibiting extremely paranoid thoughts and misconstruing the situation. I clarified this at great length, and it did seem to register, but I still felt he still believed at some point I did not want what was best for him, which couldn't be further

from the truth. The day finished without incident. He signed out appropriately, and left. I was gone the following day, but did hear the short version from Natalia without too many specifics, but I hope he is feeling better soon.

I hope he gets better and can solve what is going on with him. I do think there is promise with him, but the lack of communication skills and perceived lack of motivation are extremely worrisome. I will add that during our Prospective Student meeting last night, Dan R and I (and Stephen) were talking with 2 students (which went well) when suddenly Ahmed's name appeared to join the call. He left within a minute or so without saying anything. He later texted me he joined on accident, and said he hoped the session was going well. I hope this means he is making an effort to reach out and be involved and that he is in a better place/feeling better, but I think he should focus on himself for a little while until he gets into a comfortable place.

Again, apologies for the length, but I feel explaining in detail from my perspective may help clarify misunderstandings. I am available to discuss any of the above further if necessary as well.

Thank you,

Andrew

On Thu, Nov 19, 2020 at 11:09 AM Barbara Pawlaczyk <[redacted]> wrote:

> Andrew,
> I would like you to hear your feedback and interactions that you had with Ahmed last block, especially the event in ED. Please send me your email by tomorrow afternoon.
>
> thanks-
> BP
> Barbara Pawlaczyk, MD, FACP
> Program Director
> Internal Medicine Residency Program
> Ascension Genesys Hospital
> 810-606-5000